

# RF Youth Camp Registration Packet

### **Table of Contents**

A Word from Pastor Nathan	2
General Information	3
Registration Form	5
Participant Medical Release & Information	6
Background Check Authorization (age 18 and up only)	7
Guidelines for Campers	8
Camper Checklist	9





#### A Word from Pastor Nathan

Over the last year, the Refiner's Fire Youth leaders at all campuses have prayed and planned for something great for your teens this summer. We have worked diligently to ensure we provide a camp experience that would partner well with what we're doing on Wednesday nights, but would also follow the vision of Refiner's Fire now and into the future. We are excited to host Refiner's Fire Youth Camp 2019 this summer at Camp Copass in Denton, Texas. The theme this year is No Limits based on Ephesians 3:20-21 (Message) - "God can do anything, you know – far more than you could ever imagine or guess or request in your wildest dreams! He does it not by pushing us around but by working within us, His Spirit deeply and gently within us. Glory to God in the church! Glory to God in the Messiah, in Jesus! Glory down all generations! Glory through all millennia! Oh, yes!"

Refiner's Fire Youth Camp will focus on showing teens what it means to build our lives focused on God and how to establish ourselves as leaders for Jesus Christ in every area of our lives through the empowering of the Holy Spirit.

We will host team building activities throughout the camp experience, evening worship sessions where we will have music and a message, opportunities to apply God's truth in real circumstances and so much more.

We believe that your teen will experience God individually and together as a youth family and he/she will come home changed and ready for what God has for you and your family during the rest of the year. We are so thankful you've given us the opportunity to participate in this huge weekend with your teen and we count it an honor to partner with you in the growth of your student.

Sincerely,

#### Pastor Nathan Grant Refiner's Fire Ministries, Int'l. info@refinersfire.org 972-875-6006





#### **General Information**

**Dates:** Friday, June 28, 2019 through Sunday, June 30, 2019

**Departure/Arrival:** All attendees should be at Refiner's Fire Ennis by 8am on Friday, 6/28 to begin camp. Arrival back to Refiner's Fire Ennis on Sunday, 6/30 is planned for 2pm.

- Location: Camp Copass, Denton, Texas
- Cost: \$150 per person

Checks can be made payable to Refiner's Fire Ministries or payment can be processed through RFMI.org/To-Donate. Choose the "Other" offering option and include a note with the student's name and the words "Youth Camp"

- Deadlines: May 1<sup>st</sup> Half camp balance due June 5<sup>th</sup> – Final balance & all paperwork due April 17<sup>th</sup> thru June 26<sup>th</sup> - Teens must attend 6 out of 10 Wednesday night services
- Meals: The cost of camp covers breakfast, lunch and dinner while we are at camp as well as a stop at CiCi's Pizza on the way back to Refiner's Fire on Sunday. We will make a stop for food on the way to the campsite on Friday. The meal stop on Friday is <u>NOT COVERED</u> by the cost of camp and your teen will need to bring extra money for that.
- Activities: There will be morning, afternoon and evening group activities called "Team Color Challenge" where teens will be in specified teams and competing in various activities. We also have scheduled and monitored time on the campgrounds where teens can play in the pool, mini putt-putt, basketball, soccer, human foosball, kickball, volleyball and other activities.
- **Dress Code:** Guys & Girls Shorts & tank tops are expected and appropriate at all times of the day. Tank tops are allowed, but not cutout shirts. Tops are required at all times including while in the water. All attire should secure body in a way that is not distracting to anyone. Girls only –





are not required to wear shorts while in the water, but shorts must cover bottom at all times when not in the water.

- <u>Cell Phones:</u> Teens may bring cell phones on the trip. Cell phones can be used on the way to Refiner's Fire Youth Camp. Cell phones will be collected, placed in labeled baggies and then placed in a lock box that will be stored in a secure location at the campsite. Cell phones will be reissued to teens before we board the bus for use on the way back home.
- **Emergencies:** Please call or text...

**Pastor Nathan Grant –** 972-824-3920

Mrs. Tracey Johnson - 214-770-7547

Mrs. Stormi Halbrooks - 469-583-1234

Pastor Casey Williamson - 903-275-1006

Mrs. Beth Williamson - 903-340-5845

**First Aid:** First aid and any prescription meds will be monitored and administered by Stormi Halbrooks, a Registered Nurse. Additionally, all Refiner's Fire Youth leaders are CPR, AED and First Aid certified with a local, certified CPR trainer from Ennis Fire Dept.





#### **Registration Form**

Form should be completed by parents/guardian of minor or by adult camper/staff members themselves. Please complete one form per camper. Please read and complete thoroughly. Please print clearly.

Camper First Name:	Camper Last Name:			
Sex: M F Birthday:	Age:(at the time of camp) T-Shirt Size:			
	For ages 17 & Under			
	E-mail:			
Emergency Contact First Name:				
Emergency Contact Last Name:				
Address:				
	E-mail:			
Au	thorization for Participation			
I, (pri	inted name of parent/guardian) being the parent or legal guardian of (printed name of minor) have been			
child/children to participate in this activit	by Refiner's Fire Ministries and hereby give my consent for my minor ty. I understand that they will be in vehicles driven by members of the rules of the Resistance Youth program will be in effect at all times			
personal injury or medical expenses that m	nistries and from any liability resulting from any claims of action for nay arise during travel. I further agree not hold Refiner's Fire Ministries in the part of my son or daughter while he/she is on the trip.			

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_





#### **Participant Medical Release & Information**

I, <u> </u>	, parent/guardian/conservator, hereby authorize emergency medical care or first-aid treatment as
Int'l. This	or in the event of illness or injury during any sponsored activity of Refiner's Fire Ministries, spermit is in effect until I give Refiner's Fire Ministries, Int'l. written notice to the contrary.
	SE ATTACH A PHOTOCOPY OF YOUR (PARTICIPANT'S) INSURANCE CARD, FRONT AND BACK OR FILL OUT THE IATION BELOW. PLEASE ALSO ATTACH A COPY OF PARTICIPANT'S MOST RECENT SHOT RECORDS.**
	rticipant's Name:
Insurance	e Carrier: Policy Number: e ID Number:
Social Se	curity Number:
Medicat	ions: Check ALL that apply – Note: DO NOT CHECK ALL BOXES AS ONE MAY CANCEL OUT ANOTHER
	This child takes no medication and will bring no medication with him/her.
	This child takes medication(s) and will self-medicate. The child will bring all such medications necessary, and such medications will be clearly labeled. I understand that the child will be required to turn all medication(s) over to a supervising adult designated for returning medication(s) to this child at the frequencies/times listed below. I understand that the adult to whom this child surrenders the medication has no medical training and this adult will not measure dosages. This child will return the medication(s) to the adult after he/she self-medicates. At the conclusion of the event it will be this child's responsibility to pick up remaining medication(s), if any, at the self-medication designated location. Names of medications and exact dosage and frequencies/times are as listed below: (You may attach a sheet to this form if you need more space. Please sign and date the additional page(s) attached, if applicable.)
-	This child takes medication, but is unable to self-medicate. The child's parent/guardian/conservator will provide and dispense any and all needed medications.  No medication of any type whether prescription or nonprescription may be administered to this child unless the situation is life-threatening and emergency treatment is required.
	<b>I grant permission</b> for the following nonprescription medication to be given to this child (EXCLUDING MEDICATION LISTED BELOW THAT CAUSES ALLERGIC REACTION).
Non-asp Throat L	irin pain reliever Yes No # of tablets per dosage _ozenge Yes No
Deconge	estant Yes No # of tablets per dosage
Antacid Antihista	Yes     No       amine     Yes       No     # of tablets per dosage
Specifi	c Medical Information
Allergic	reactions (medications, foods, plants, insects, etc.)
Immuni	zations: Date of last tetanus/diphtheria immunization
Other m	edications child currently takes
Any phy	sical limitations
Has chil	d recently been exposed to contagious disease or condition such as mumps, measles, chicken pox, etc.? If so, explain.
You sho	uld also be aware of these special medical conditions of this child. Please attach a clear description to this form.
	ture below authorizes the youth group leader(s) to secure proper medical attention and/or hospitalization of my child in the event of a emergency. I expect every effort will be made to contact me prior to such action and, if this is not possible, I will be notified as soon a soon a soon a source at the second seco

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





#### Background Check Authorization (age 18 and up only)

In connection with my participation in activities at Refiner's Fire Youth Camp with Refiner's Fire Ministries, I authorize Refiner's Fire Ministries and/or Clear Investigative Advantage or their agents to solicit background information relative to my criminal record history. I understand that Refiner's Fire Ministries may conduct inquiries into my background that may include criminal records, personal references, and other public record reports pertaining to me.

I authorize without reservation, any person, agency, or other entity contacted by Refiner's Fire Ministries International or Clear Investigative Advantage or their agents for purposes of obtaining background report information, to furnish the above mentioned information.

I release Refiner's Fire Ministries International, their respective employees and/or Clear Investigative Advantage, or their agents and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing such information or reports.

#### Please Print

Last Name:	First Name:		DOB	
City of Birth:	County:		State:	
A.K.A. or Maiden Name:		SS#		
(Please note: if your addre	ess is a rural route or pos	t office box	, we must have the city and co	ounty that
your mail is delivered to.)				
Current Address:		_ How long	at this address:	
City:	County:	_State:	Zip:	
Previous Address:		_ How long at this address:		
City:	County:	_State:	Zip:	
Signature:		Date:		





#### **Guidelines for Campers**

- 1. Each camper will refrain from any use of profanity.
- 2. Firearms, knives, weapons or fireworks of any nature are prohibited.
- 3. Alcohol, drugs, or any form of tobacco/vape is prohibited.
- 4. Male and female campers should dress in a modest manner which exhibits Godly character.
- 5. Campers should refrain from personal displays of affection with member of the opposite sex.
- 6. All campers are expected to be inside their dorm and stay there no later than announced curfew.
- 7. Physical or verbal altercations will not be tolerated among campers or staff.
- 8. All campers are asked to stay within discussed camp perimeter at all times.
- 9. Person or groups responsible for destruction of camp property will be accountable for replacement or repair cost of such property.





#### **Camper Checklist**

#### Things to BRING

- 1. Casual clothes with optional wet attire (swimsuits, beach towels, etc.)
- 2. Sunscreen
- 3. Watch or something to keep time (since cell phones won't be allowed)
- 4. Spending money (for food stop on the way to campsite and souvenirs/snacks while at camp)
- 5. Linens; Sleeping bag, pillow, etc.
- 6. Towels
- 7. Toiletries

## Things to NOT BRING

- 1. Weapons/Fireworks
- 2. Tobacco/Vape/Alcohol
- 3. Valuables
- 4. Headsets, electronics

